EASTVIEW MEDICAL/REHABILITATION CENTER

729 PARK STREET

ANTIGO	54409	Phone: (715) 623-2356		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/05):	165	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	168	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/05:	159	Average Daily Census:	155

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)							
Primary Diagnosis	8	 Age Groups 	*	Less Than 1 Year 1 - 4 Years				
Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years	15.7			
Mental Illness (Org./Psy)	3.8	65 - 74	5.0					
Mental Illness (Other)	0.6	75 - 84	25.8		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	49.7					
Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.2	Full-Time Equivalent				
Cancer	1.3			Nursing Staff per 100 Resid	lents			
Fractures	13.8		100.0	(12/31/05)				
Cardiovascular	14.5	65 & Over	93.7					
Cerebrovascular	13.2			RNs	9.2			
Diabetes	1.3	Gender	%	LPNs	7.6			
Respiratory	2.5			Nursing Assistants,				
Other Medical Conditions	49.1	Male	28.3	Aides, & Orderlies	37.9			
		Female	71.7	İ				
	100.0			İ				
			100.0					

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 6	5.1	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	 6	3.8
Skilled Care	26	100.0	385	108	92.3	119	0	0.0	0	13	100.0	190	0	0.0	0	3	100.0	303	150	94.3
Intermediate				3	2.6	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		117	100.0		0	0.0		13	100.0		0	0.0		3	100.0		159	100.0

EASTVIEW MEDICAL/REHABILITATION CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services	, and Activities as of 12/	31/05				
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of				
Private Home/No Home Health	28.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	1.4	Bathing	3.1		79.2	17.6	159				
Other Nursing Homes	1.1	Dressing	11.9		76.1	11.9	159				
Acute Care Hospitals	68.0	Transferring	21.4		60.4	18.2	159				
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.0		59.1	23.9	159				
Rehabilitation Hospitals	0.0	Eating	74.2		20.1	5.7	159				
Other Locations	0.0	**********************************									
Total Number of Admissions	356	Continence		%	Special Treat	tments	%				
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.0	Receiving 1	Respiratory Care	16.4				
Private Home/No Home Health	45.2	Occ/Freq. Incontiner	nt of Bladder	52.8	Receiving '	Tracheostomy Care	0.0				
Private Home/With Home Health	9.0	Occ/Freq. Incontiner	nt of Bowel	40.9	Receiving :	Suctioning	0.6				
Other Nursing Homes	2.0				Receiving (Ostomy Care	3.8				
Acute Care Hospitals	18.9	Mobility			Receiving '	Tube Feeding	0.6				
Psych. HospMR/DD Facilities	0.8	Physically Restraine	ed	0.0	Receiving I	Mechanically Altered Diets	40.9				
Rehabilitation Hospitals	0.0										
Other Locations	0.0	Skin Care			Other Resider	nt Characteristics					
Deaths	21.2	With Pressure Sores		7.5	Have Advan	ce Directives	100.0				
Total Number of Discharges		With Rashes		22.0	Medications						
(Including Deaths)	354				Receiving 1	Psychoactive Drugs	47.2				
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Ownership:				Size:		ensure:		
	This	Proj	prietary	100	-199	Ski	lled	Al	
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities
	%	%	Ratio	%	Ratio	૪	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.3	82.2	1.12	84.3	1.09	86.0	1.07	88.1	1.05
Current Residents from In-County	91.2	71.1	1.28	78.4	1.16	74.9	1.22	77.6	1.18
Admissions from In-County, Still Residing	19.4	17.9	1.08	18.2	1.07	19.6	0.99	18.1	1.07
Admissions/Average Daily Census	229.7	152.6	1.50	167.5	1.37	139.3	1.65	162.3	1.42
Discharges/Average Daily Census	228.4	153.4	1.49	167.7	1.36	139.6	1.64	165.1	1.38
Discharges To Private Residence/Average Daily Census	123.9	75.7	1.64	84.0	1.47	64.3	1.93	74.8	1.66
Residents Receiving Skilled Care	98.1	95.4	1.03	96.4	1.02	96.4	1.02	92.1	1.07
Residents Aged 65 and Older	93.7	94.2	1.00	92.9	1.01	92.9	1.01	88.4	1.06
Title 19 (Medicaid) Funded Residents	73.6	72.3	1.02	70.2	1.05	69.8	1.05	65.3	1.13
Private Pay Funded Residents	8.2	16.4	0.50	17.0	0.48	19.0	0.43	20.2	0.41
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	0.7	0.00	5.0	0.00
Mentally Ill Residents	4.4	28.0	0.16	28.9	0.15	34.7	0.13	32.9	0.13
General Medical Service Residents	49.1	26.7	1.84	26.2	1.87	21.9	2.24	22.8	2.16
Impaired ADL (Mean)	45.0	46.8	0.96	47.6	0.95	47.4	0.95	49.2	0.91
Psychological Problems	47.2	55.5	0.85	60.6	0.78	59.0	0.80	58.5	0.81
Nursing Care Required (Mean)	11.5	6.9	1.66	7.9	1.46	7.2	1.60	7.4	1.55